

APPROVED

With Comments

below Addressed 180409

**AGREEMENT / CONTRACT REVIEW FORM**

BOARD MEETING DATE:

July 2018

WHEN BOARD APPROVAL IS REQUIRED DO NOT PLACE ITEM ON AGENDA UNTIL REVIEW IS COMPLETED

Date Submitted: 5/30/18 2nd Round 1st Submitted 4/11/18

Contact Name (Person Overseeing the Contract): Terry Connor Telephone Number:

School/Department Submitting Contract: Curr. & Inst.

Vendor Name: Achieve 3000

Contract Title: Achieve 3000 Amendment 3

Contract Type: New  Renewal  Amendment  Extension

Date Original Contract Approved:

Prior Year's Pricing: \$453,122<sup>67</sup>

Contract Term: (3 Original Term) - Year 2 (18-19)

Renewal Option(s): Year 2 Cost

Contract Cost: Reading: 251,457<sup>66</sup> IR: 150,000 Title II: 65,000

Payment Schedule (Are the payments made monthly, when task is finished, etc): \$466,457<sup>67</sup> DOE was added

Funding Source:

Strategic Plan Tie-in Explanation:

Background/Discussion/Research/Alternatives: This cost went up with the addition of our new school site, Discovery Oaks Elem.

The attached quote shows the exact amounts for 17-18, 18-19, 19-20 for brick and mortar schools. Ami, PACE, CVA require renewal quotes yearly. (see attached).

**CONTRACT REVIEW REQUIRED DOCUMENTS ATTACHED**

If more space is needed, please attach Word document.

- Completed Contract Review Form
- Original Contract and all Terms & Conditions that apply with the Contract
- SIGNED SBCC Addendum A \*
- Certificate of Insurance (COI) that meet these requirements:

\*This Statement MUST BE written on Original Contract: The terms and conditions included in Addendum A shall be incorporate into this agreement. If there are any conflicts in the language provided in the agreement and that of Addendum A, then the language provided in Addendum A shall prevail.)

COI must list the School Board of Clay County as Additional Insured and as Certificate Holder. Insurer must be rated as A- or better.

General Liability = \$1,000,000 Each Occurrence & \$2,000,000 General Aggregate.

Auto Liability = \$1,000,000 Combined Single Limit (\$5,000,000 for Charter Buses).

Workers' Compensation = \$100,000 Minimum [If exempt from Workers' Compensation Insurance they must sign a SBCC Release and Hold Harmless Form. If they are not exempt; they must provide Workers' Compensation COI.]

RECEIVED

JUN 01 2018

PURCHASING

(Original Submit April 9, 2018)

**Approvals**

**Comments**

Superintendent:	Approved	Denied	
Review Date:			
District's Attorney:	Approved	Denied	Please revise Amendment Number Three as noted/per my handwritten notations.
Review Date: 6/11/18			
Information & Technology:	Approved	Denied	
Review Date: 6/13/18			
Finance:	Approved	Denied	
Review Date: 6/13/18			
Insurance Certificate:	Approved	Denied	Dept. will get New COI before 7/10/2018
Review Date: 6/13/18			
Purchasing:	Approved	Denied	Adding DOE to 3yr Contract
Review Date: 6/7/2018			

RECEIVED 6/11/18

SBAD

SPICE

AMENDMENT NUMBER THREE (NO.3) TO CONTRACT

BETWEEN

THE SCHOOL BOARD OF CLAY COUNTY, FLORIDA,

AND

ACHIEVE3000, INC.

WHEREAS, the School District of Clay County, Florida ("Board" or "District"), and Achieve3000, Inc. ("Achieve3000" or "Contractor"), collectively referred to hereinafter as "the Parties," entered into a Contract dated June 19, 2014, ~~renewed Sept 1, 2017~~ ("2014 Contract");

WHEREAS, the ~~Sept 2017~~ <sup>2014</sup> Contract concerned the licensing and provision of computer-based education programming, assessment, and associated services ("the Program") for a limited number of District students and employees;

WHEREAS, the term of the ~~2017~~ <sup>2014</sup> Contract expires June 30, 2020.

WHEREAS, the Parties entered into Amendment Number ~~Two~~ <sup>ONE and Amendment Number Two in 2017</sup> to the 2017 Contract on August 24, 2017, which renewed and extended the 2017 Contract for a period of three years; and

*to expand the scope and duration of the 2014 contract*  
WHEREAS, the Parties now seek to expand the scope of services provided by the ~~2017~~ <sup>2014</sup> Contract such that the Program will be available to students and employees at DISCOVERY OAKS ELEMENTARY SCHOOL in Clay County, Florida (~~"Amendment Number Three"~~).

NOW, THEREFORE, in exchange for their mutual promises and other valuable consideration, the sufficiency of which is hereby acknowledged, the Parties covenant and agree as follows as of the date upon which this document is fully executed by the Parties ("Effective Date"):

1. The ~~2017~~ <sup>2014</sup> Contract is hereby amended such that the Program will be made available to a greater number of students, as outlined in *Exhibit A* to this Amendment Number Three (April 2017 Quote Summaries).
2. In all other respects, ~~unless expressly modified by or contrary to those hereby made, the terms and conditions of the 2017 Contract and Amendment Number Three to the 2014 Contract shall remain in place and continue in full force and effect.~~ <sup>2014</sup> *One and Two*

WHEREFORE, the Parties, by and through the signatures of their authorized representatives below, agree to be bound by this Amendment Number Three to the ~~2017~~ <sup>2014</sup> Contract.

THE SCHOOL BOARD OF CLAY COUNTY, FLORIDA

By: \_\_\_\_\_

Date: \_\_\_\_\_

Carol Studdard, School Board Chair

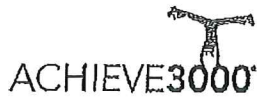
ACHIEVE3000, INC.

By: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_



Quote ID: 112634

Quote Date: 04/10/18

Contract Period: 08/01/18 - 06/30/19

Valid Until: 07/15/18

**Client Information**

Account Name: Discovery Oaks Elementary	
Address	Client
99 Walnut Street Green Cove Springs, FL 32043 Phone: (904) 336-6500	Sandra Rocquin Email: <a href="mailto:sandra.rocquin@myoneclay.net">sandra.rocquin@myoneclay.net</a> Phone: (904) 284-6500

**Summary of Fees**

Year	Total
2018-2019	\$13,335.00

**Year 1 (2018-2019)**

Product	Cost	Qty	Total
Achieve3000@s Pro Differentiated Literacy Solution: up to 250 students, 2 PLS days Included <i>(2018-LIT-PRO-A)</i>	\$14,250.00 per site	1	\$14,250.00
Achieve3000 Implementation Resources for teachers and students.			\$200.00
District Discount			\$1,115.00
Subtotal:			\$13,335.00

NOTE:	\$13,335 due July 2018
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See Next Page for Quote Acceptance



**Acceptance**

Quote ID: 112634

Achieve3000

Account Name

Signature

Signature

Name, Title

Name, Title

Date

Date

*Issue PO  
No Signature*

The Complete Signed Quote and Purchase Orders can be sent to:

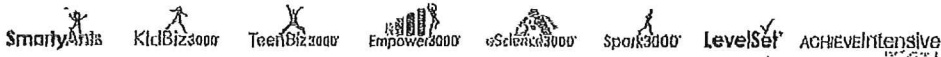
Achieve3000  
1985 Cedar Bridge Ave., Suite 3  
Lakewood, NJ 08701  
Fax: 316-221-0718  
Email: [orders@achieve3000.com](mailto:orders@achieve3000.com)

This quote is governed by and subject to the Achieve3000 terms and conditions at [www.achieve3000.com/terms-of-service](http://www.achieve3000.com/terms-of-service). By signing this quote, you are agreeing to such terms and conditions.

**About Achieve3000®**

Achieve3000 is the leading literacy platform in today's blended learning programs, with cloud-based solutions that serve nearly three million students worldwide. Based on decades of scientific research, Achieve3000's patented and proven differentiated instruction for grades PreK-12 and adult education reaches all students at their individual reading levels to accelerate learning, improve high stakes test performance, and drive college and career success.

Discover all of Achieve3000's research-based solutions by visiting [www.achieve3000.com](http://www.achieve3000.com).





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/22/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Crystal & Company Crystal IBC LLC 32 Old Slip New York, NY 10005		<b>CONTACT NAME:</b> Roger Hohne <b>PHONE (A/C, No, Ext):</b> 212 504 5826 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> roger.hohne@crystalco.com	
<b>INSURED</b> Achieve3000, Inc. 1985 Cedar Bridge Ave. Suite 3 Lakewood, NJ 08701		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : StarNet Insurance Company <i>A+</i> NAIC # 40045 INSURER B : Berkley Regional Insurance Company <i>A+</i> 29580 INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: 1318066943

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		TCP7006508	7/10/2017	7/10/2018	EACH OCCURRENCE	\$1,000,000 ✓
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000 ✓
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TCP7006508	7/10/2017	7/10/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000 ✓
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Collision/Comp Deduct	\$500
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			TCP7006508	7/10/2017	7/10/2018	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC7006509	7/10/2017	7/10/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$1,000,000 ✓
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The School Board of Clay County is added as additional insured under General Liability policy where required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

The School Board of Clay County  
 900 Walnut Street  
 Green Cove Springs, FL 32043

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Crystal & Company*

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